								Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECOR									D 10/2/7500						
Effective January 1, 2003										10/047809					
		· (Coluп	nn 2)	-	MALL TYPE	EN	TITY	OR	OTHER SMALL						
TOTAL CLAIMS							ſ	RATE	: T	FEE		RATE	FEE		
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE 3		375.00	OR	BASIC FEE	750.00			
TOTAL CHARGEABLE CLAIMS		minus 20=		•			X\$ 9=			OR	X\$18=				
INDEPENDENT CLAIMS			minus 3 =		<u> </u>			X42=			OR	X84=			
MULTIPLE DEPENDENT CLAIM F			RESENT						_		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA			OR	TOTAL			
ALA CLAIMS AS AMENDED - PART II									OTHER TH/						
	5/07	(Column 1)		(Colui		(Column 3)		SMAL	LE	NTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	BER DUSLY	PRESENT EXTRA		RÁTE	<b>₽</b>	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DME	Total	* 8	Minus	* Ó	8	= \		X! ~	J		OR	X9 =			
	Independent	• 4	Minus	tas	4	=		X· =	,		ZOR.	<b>&gt;</b> ≔			
口	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							+ >	_		OR				
								101	AL.			YOYAL	- >		
a	15/01	Q.02	_	(Colu	a)	(Column 3)		ADDIT. F			JOH	ADDIT. FEE			
-	OIUI	CLAIMS		HIGH	REST	(Column 5)	1 1			ADDI-	ĺ	<del></del>	ADDI-		
ΗB		REMAINING AFTER			IBER OUSLY	PRESENT EXTRA		FAFE		TIONAL		RATE	TIONAL		
MEN	T-4-1	AMENDMENT	<b>1</b> 0	PAID	FOR		1		긤	<u>FEE</u>		<del>/</del>	FEE		
AMENDMENT B	Total Independent		Misus V	//	<del>/</del>	=	1]		╣	<del></del>	OF		1		
¥		NTATION OF M	ULTIPLE DEF	ENDEN	TCLAIM		1	X :			ØĦ	\ <u> </u>			
		•						+	<u>,                                    </u>		OR	+ =			
AD									EE		OR	ADDIT. FEE			
<u> </u>		(Column 1)			mn 2)	(Column 3)	<b>L</b>				_				
ပ		CLAIMS REMAINING		NUN	HEST MBER	PRESENT				ADDI-			ADDI-		
E		AFTER AMENDMENT			OUSLY FOR	EXTRA		RATI	Ē	TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT C	Total	•	Minus			=		X\$	:		OR	X\$ =			
AME	Independent	* NTATION OF M	Minus	PENDEN	T CLAUS		4	Х	=	٠.	OR	) :			
╟┈	rinoi PHESE	ATALION OF N	IOLITE DEI	CNDEN	- OLPVIVI		Ĺ	+	_		OR	+ ;			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  → If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								ĮĄL		OR	TOTAL			
***	tf the "Highest No	mber Previously I	Paid For IN TH	IS SPACE	is less tha	an 3, enter "3."		ADDIT. F		oropriate bo	4	ADDIT. FEI olumn 1.	<u> </u>		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  FORM PTO-975 (RBV, 12/02)  *U.S. Government Printing Office: 2003—499-484/79011  Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE															